

PAYMENT REQUEST

Please make check payable to:

Employee # _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Amt to be paid \$ _____

from Low ORG _____

Appr _____

Obj _____

Activity / Reporting _____

Purpose of Expenditure _____

Please have the check sent:

- ☐ Directly to the Vendor
☐ Back to DCED (check category 03)
☐ Other: _____

*** Please attached documentation (i.e. Receipts, Agenda, Registration form) ***

Requestee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Unless otherwise requested below, all payments will be processed on the upcoming Wednesday.

☐ Please process this payment by: _____